

PATIENT CONSENT FORM

All dietetic consultations are done on referral by medical practitioners. We assure you of our professional service at all times. All information is treated as strictly confidential.

Hereby permission is given by the patient for the dietetic consultation, as well as the use of the personal information on the patient's sticker for account purposes.

Tariffs are charged in accordance with the National Health Reference price list guidelines. The appropriate ICD-10 coding will be used according to your diagnosis. The account will be sent by the dietician consulting you, to your medical aid. You are personally responsible for payment of the account if your medical aid does not settle the account or for any outstanding amounts not covered by your medical aid. If the account is not paid within 120 days of service date, it will be handed over for debt collecting.

I hereby accept and agree to the terms and conditions mentioned above.

Signature:

If not the patient, relationship:

Date:.....

Patient sticker